

2ND
If more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 175
Registered No. 18

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Globe No. Gila County Hosp. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Patricia Ruth Paul (If child is not yet named, make supplemental report, as directed)

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 6. Legitimate? yes 7. Date of birth 1-19-27
Month Day Year

8. FATHER
Full name Henry Vernon Paul

9. Residence (Usual place of abode) Globe
If non-resident, give place and state. Arizona

10. Color or race White 11. Age at last birthday 28 (Years)

12. Birthplace (city or place) Houston
(State or country) Texas

13. Occupation
Nature of Industry Labourer

14. MOTHER
Full maiden name Jessie Edith Conn

15. Residence (Usual place of abode) Globe
If non-resident, give place and state. Arizona

16. Color or race White 17. Age at last birthday 26 (Years)

18. Birthplace (city or place) Silver City
(State or country) N. Mex.

19. Occupation
Nature of Industry Housewife

20. Number of children of this mother 2 (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 2
(b) Born alive but now dead 0
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:05 P. m. on the date above stated
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature C. W. Hansen

Physician
(Physician or midwife)

Given name added from a supplemental report _____ Address Globe Ariz
Month, day, year _____

Filed 1-31-27 M. St. Horst
Registrar Registrar

773-119-135